Department of Revenue Services State of Connecticut PO Box 2937 Hartford CT 06104-2937

Form REG-1 Business Taxes Registration Application

(Rev. 05/06) DRS Use Only Connecticut Tax Registration Number 1. Reason for Filing Form REG-1 Please check the applicable box: Opening a new business, including: a. An existing out-of-state business opening a location in Connecticut, or b. Selling at a craft show, flea market, fair, or other venue in Connecticut, or selling over the Internet. Opening a new location. Enter your Connecticut Tax Registration No.: _ Registering for additional taxes. Enter your Connecticut Tax Registration No.: ☐ Reopening a closed business. Enter Connecticut Tax Registration No. of the closed business: Purchasing an ongoing business (The buyer of an existing business may be responsible for tax liabilities of the previous owner. See Informational Publication 2002(16), Successor Liability for Sales and Use Taxes and Admissions and Dues Tax.) Enter Connecticut Tax Registration No. of the previous owner: ☐ Establishing a Passive Investment Company (PIC). ☐ Changing organization type. Enter your current Connecticut Tax Registration No.: _____ Hiring household employees and intend to withhold Connecticut income tax. Other (explain) 2. Business Information Type of Organization: ☐ Limited Liability Company (LLC) ■ S Corporation ☐ Sole Proprietorship ☐ Check if taxed as a corporation ☐ General Partnership ☐ Single Member LLC (SMLLC) Corporation ☐ Check if taxed as a corporation Other (explain): _____ ☐ Limited Partnership ☐ Limited Liability Partnership (LLP) 3. Nature of Business Activity Check the box(es) that best describe your business: ☐ Wholesaler ☐ Manufacturer ☐ Service Provider ☐ Retailer Other (explain): 4. Major Business Activity Describe your major business activities: 5. Business Name and Address Organization Name (Enter Name of Sole Proprietor, Partnership, Corporation, or LLC) FEIN **Business Trade Name** Business Location: Enter physical address of the business. A post office box or rural route number is not acceptable. Home-based businesses and flea market or craft show vendors must enter home address. Address Line 1 Address Line 2 City ZIP Code State Mailing Address Line 1 (Street or PO Box) Address Line 2 ZIP Code City State Business Telephone Number E-mail Address Bank Name

6. List All Owners, Partners, Corporat	e Officers, or	LLC Membe	ers (attach a separate	sheet if neede	d)	
Name (Last, First, Middle Initial)				Title		
Home Address Line 1 (Street)			Home Address Line 2			
City		State	ZIP Code	Home Telephon	e Number	
SSN	Date of Birth	/	Bank Name	1		
Name (Last, First, Middle Initial)				Title		
Home Address Line 1 (Street)			Home Address Line 2	1		
City		State	ZIP Code	Home Telephon	e Number	
SSN	Date of Birth	/	Bank Name			
Name (Last, First, Middle Initial)				Title		
Home Address Line 1 (Street)			Home Address Line 2	1		
City		State	ZIP Code	Home Telephon	e Number	
SSN	Date of Birth	/	Bank Name	,		
Name (Last, First, Middle Initial)				Title		
Home Address Line 1 (Street)			Home Address Line 2			
City		State	ZIP Code	Home Telephon	e Number	
SSN	Date of Birth	/	Bank Name	1		
7. Income Tax Withholding						
Are you an employer that transacts b Connecticut and intends to pay wage	s?				☐ Yes	□ No
If you have a Connecticut tax registrat location and intend to file withholding enter that number: and skip to Section 8; otherwise cont	for this new lo					
Are you an out-of-state company volu income tax for your Connecticut resid					☐ Yes	□ No
Do you intend to withhold Connecticu		•			_	_
retirement distributions, or gambling of						□ No
Do you pay nonresident athletes or en		-				□ No
Do you only have household employees and wish to withhold Connecticut income tax?					☐ Yes	□ No
Do you only have agricultural employees and wish to withhold Connecticut income tax?						☐ No
If Yes, do you file federal Form 943, Employer's Annual Tax Return for Agricultural Employees, and wish to file Form CT-941 , <i>Connecticut Quarterly Reconciliation of Withholding,</i> annually?						□ No
If you answered Yes to any of the inco	ome tax withho ling Connection	olding questic out income ta	ons, x:		<u> </u>	
If you use a payroll service, enter the						- , ,

REG-1 Rev. 05/06 Page 2 of 4

8. Sales and Use Taxes		
Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)?		☐ No
Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut?	☐ Yes	□ No
Do you serve meals or beverages in Connecticut?		☐ No
Do you provide a taxable service in Connecticut? (See the Informational Publication,		
Getting Started in Business, for a list of taxable services.)	LI Yes	☐ No
If you answered Yes to any of the sales and use taxes questions, enter the date you will start selling or leasing goods or taxable services:		
Cite the date you will start seming or leasing goods or taxable services.	m m d	d y y
9. Room Occupancy Tax		
Do you provide lodging rooms for rent in a hotel, motel, or rooming house in Connecticut		
for 30 consecutive days or less?	Tyes	☐ No
If you answered Yes, enter the date you will start to provide rooms for rent		
for lodging purposes in Connecticut:	<u> </u>	
10. Business Entity Tax Do not register for the corporation business tax if the entity is liable		
The business entity tax applies to the following business types that are required to file an annual report with the Connecticut Secretary of the State: • S corporations;	or the business en	my tax.
 Limited liability companies (LLCs or SMLLCs) — any limited liability company that is, for federal income tax purposes, either: Treated as a partnership, if it has two or more members; or 		
 Disregarded as an entity separate from its owner, if it has a single member; Limited liability partnerships (LLPs); and Limited partnership (LPs). 		
Are you a business entity as described above?		☐ No
Enter state you are organized under: Enter date of organization:		
If not organized in Connecticut, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State:		
Enter the month your tax year closes:	III III u	u y y
11. Corporation and Unrelated Business Income Taxes		
Corporation Business Tax		
Are you a corporation or other association taxed as a corporation?		☐ No
Is this corporation exempt from federal income tax?		□ No
Have you received a determination from the Internal Revenue Services (IRS) that this		
corporation is exempt from federal income tax?		☐ No
If Yes , enclose a copy of your IRS letter of determination.		
Enter state you are organized under: Enter date of organization:	<u>m</u>	
If not a Connecticut corporation, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State:		
Enter the month the corporate year closes:	m m d	d y y
Unrelated Business Income Tax		
Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut?	□ Vas	□ No
If you answered Yes , enter the date the unrelated business income tax liability started:		
	m m d	d y y
Passive Investment Company (PIC)	77/0	□ N-
Is this corporation a passive investment company as defined in Conn. Gen. Stat.§12-213(a)(2 Enter the date the PIC was organized.		
Enter Connecticut tax registration number of the PIC's related financial service or insurance con		

REG-1 Rev. 05/06 Page 3 of 4

12	2. Busine	ess Use Tax							
	If you a								
	the pur	ss use tax is due when a business purchases taxable goods or ser chase or lease of assets, consumable goods, and promotional i cticut without paying Connecticut sales tax.							
	Will yo paying		☐ Yes ☐ No						
	If you a	answered Yes to the business use tax question, enter the tax	e:						
		answered No , you must complete the Business Use Tax Decla							
	Business Use Tax Declaration: By registering for any of the taxes listed in this application, you have indicated to DRS that you may have a business use tax liability. Therefore, based on your application, you will be automatically registered for the business use tax unless you complete the following declaration.								
	I, (name of taxpayer or authorized representative of taxpayer), acknowledge I have read and understand the information concerning the business use tax and declare I will not be liable for business use tax. Please initial here								
13. Registration Fee Schedule Complete this section after you have reviewed Sections 7 through 12 of this registration application and any applicable addendum. Enter the registration fee amount indicated in the amount due column. You must include the total registration									
	fee due	e with Form REG-1 or your registration application will not be	processed and wi	ill be retur	nec	d.			
	Make your check payable to: Commissioner of Revenue Services . If you are registering by mail, send Form REG-1 with your payment to: Department of Revenue Services, PO Box 2937, Hartford CT 06104-2937								
						Amount Due			
	a. If reg	stering for Sales and Use Taxes or Room Occupancy Tax, *	enter \$50.00		a.				
	b. If regi	b. If registering for Cigarette Tax , see Addendum A							
	c. Total	Registration Fee Due (add Line a and Line b)		c.					
* No fee is required for room occupancy tax if you are registered or are registering for sales and use taxes.									
14. All Applicants Must Sign the Following Declaration									
I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.									
	Sign Here	Signature of Owner, Partner, LLC Member, or Corporate Officer	Date	Telephone I	Num)	ber			
	for your records.	Print Name of Owner, Partner, LLC Member, or Corporate Officer	Title						

REG-1 Rev. 05/06 Page 4 of 4